

RECEIVED

DEC 07 2020

# STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

|  |  |   |
|--|--|---|
| 1. TITLE OF NEWSPAPER <u>Avon Clarion</u>  |  | 2. DATE   |
| 3. FREQUENCY OF ISSUE<br><u>Weekly</u>   | 3A. NO. OF ISSUES PUBLISHED ANNUALLY               | 3B. ANNUAL SUBSCRIPTION PRICE \$                            |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)<br><u>PO Box 345 Avon, SD 57315</u>   |  |   |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)<br><u>PO Box 345 Avon, SD 57315</u>  |  |   |
| 6. FULL NAME OF PUBLISHER: <u>Slater Dylan Brodeen</u>   |  |   |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) |  |   |
| FULL NAME<br><u>Cathy Brodeen</u>  |  | COMPLETE MAILING ADDRESS<br><u>PO Box 345 Avon SD 57315</u> |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)   |  |   |
| 9. EXTENT AND NATURE OF CIRCULATION  | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE             |
| A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)  | <u>800</u>   | <u>800</u>  |
| B. PAID AND/OR REQUESTED CIRCULATION   |  |   |
| 1. Sales through dealers and carriers, street vendors, and counter sales.  | <u>44</u>  | <u>44</u>   |
| 2. Mail Subscription (Paid and or requested)   | <u>614</u>   | <u>614</u>  |
| 3. Paid Electronic Copies  | <u>0</u>   | <u>0</u>  |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)  | <u>658</u>   | <u>658</u>  |
| D. FREE DISTRIBUTION   |  |   |
| 1. BY MAIL, CARRIER OR OTHER MEANS   | <u>30</u>  | <u>30</u>   |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES  | <u>5</u>   | <u>0</u>  |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)  | <u>693</u>   | <u>689</u>  |
| F. COPIES NOT DISTRIBUTED  |  |   |
| 1. Office use, left over, unaccounted, spoiled after printing  | <u>107</u>   | <u>107</u>  |
| 2. Return from News Agents   | <u>0</u>   | <u>0</u>  |
| G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)  | <u>800</u>   | <u>800</u>  |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

[Signature]  
(Signature)

Publisher  
(Title)

State of South Dakota )  
County of Ben Homme )  
(Seal)

Sworn to before me this 23 day of Oct, 2020  
[Signature]  
Notary Public  
My commission expires: 02-11-22